

**SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES**  
**2000 PRIMARY AND GENERAL ELECTIONS**

*State of Nevada*

TIM G. CALLICRATE INCLINE TRUSTEE \_\_\_\_\_  
Candidate's Name(print) Office District (if applicable)  
PO BOX 5603 INCLINE VILLAGE, NV. 89450 775-831-2009  
Mailing Address (include city and zip code) Telephone Number

**REPORT NUMBER 2 - DUE OCTOBER 31, 2000**

Report Period **Begins:** August 24, 2000

Report Period **Ends:** October 25, 2000

OCT 31 2000

*Don Heller*  
Secretary of State

**CONTRIBUTIONS SUMMARY**

1. From Report Number 1, total amount of contributions in excess of \$100	<u>1,500.00</u>
2. From Report Number 1, total amount of contributions of \$100 or less	<u>300.00</u>
3. Report Number 2, amount of contributions in excess of \$100	<u>510.00</u>
4. Report Number 2, total amount of contributions of \$100 or less	<u>1,245.00</u>
From Report Numbers 1 and 2, actual number of contributions of \$100 or less <u>20</u>	
5. Interest and income earned, if any, during this report period	<u>0</u>
6. <b>TOTAL AMOUNT OF ALL CONTRIBUTIONS</b> (add lines 1 through 5)	<u>3,555.00</u>

**EXPENSES SUMMARY**

7. From Report Number 1, total amount of expenses in excess of \$100	<u>1,461.98</u>
8. From Report Number 1, total amount of expenses of \$100 or less	<u>103.75</u>
9. Report Number 2, total amount of expenses in excess of \$100	<u>1,050.19</u>
10. Report Number 2, total amount of expenses of \$100 or less	<u>50.94</u>
11. <b>TOTAL AMOUNT OF ALL EXPENSES</b> (add lines 7 through 10)	<u>2,666.86</u>

**If no contributions or expenses are listed during this Report Period, only this page of the report needs to be filed with your filing officer.**

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/31/00  
Date

*Tim G. Callicrate*  
Signature of Candidate

## CAMPAIGN CONTRIBUTIONS

REPORT PERIOD Number 2

TIM CALLICRATEINCLID TRUSTEE

Candidate's Name (print)

Office

District (if applicable)

## Contributions in Excess of \$100 or, When Added Together Exceed \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK ✓ IF LOAN	CHECK ✓ IF IN KIND
JOAN DIETZ 356 WINDING WAY INCLINE VILLAGE, NV. 89457	10/10/00	100. -		
TIM CALLICRATE PO BOX 5063 INCLINE VILLAGE, NV. 89450	10/24/00	100. -		
BROWN JAMES	9/5/00	250. -		

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IVG10 TRUSTEE

District (if applicable)

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
10/7/00	75.-
10/7/00	75.-
10/7/00	75.-
10/7/00	75.-
10/7/00	75.-
10/7/00	25.-
10/17/00	75.-
10/17/00	75.-
10/17/00	50.-
10/17/00	50.-
10/17/00	50.-
10/17/00	50.-
10/20/00	99.-
10/20/00	99.-
10/20/00	99.-
10/20/00	99.-
10/26/00	99.-
10/26/00	99.-
10/26/00	25.-
10/26/00	25.-
10/26/00	25.-
10/26/00	25.-
10/28/00	99.-

[illegible]

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Tim Callahan  
Candidate's Name (print)

UGID TRUSTEE  
Office

District (if applicable)

### Expenses Categories

CATEGORIES	CODE	TOTALS
Office expenses	A	
Expenses related to volunteers	B	
Expenses related to travel	C	
Expenses related to advertising	D	<del>1,028.44</del> 728.44
Expenses related to paid staff	E	
Expenses related to consultants	F	321.75
Expenses related to polling	G	
Expenses related to special events	H	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	50.94

District (if applicable)

### Expenses in Excess of \$100

[illegible]

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## CAMPAIGN EXPENSES

REPORT PERIOD Number 2

***Candidate's Name (print)***

Office

District (if applicable)

### Expenses of \$100 or Less

[illegible][illegible]

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